

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 4

2. STATE:

AZ

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(VIII) of the Act &  
42 CFR 435.403k

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 18,000.  
b. FFY 2004 \$ 20,000.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 14 and  
Attachment 2.6-A, Page 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 2.2-A, Page 14 and  
Attachment 2.6-A, Page 3

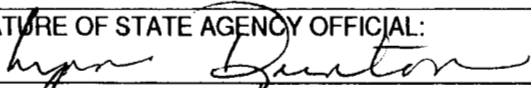
10. SUBJECT OF AMENDMENT:

Medicaid coverage for children residing in Arizona and receiving state  
adoption subsidy from another state.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

7/29/02

16. RETURN TO:

**A.H.C.C.C.S.  
OPAC  
801 E. JEFFERSON MD 4200  
PHOENIX, AZ 85034****FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

August 5, 2002

18. DATE APPROVED:

September 20, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:



Jane Dee Hull  
Governor

Phyllis Biedess  
Director

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**  
*Committed to Excellence in Health Care*

July 29, 2002

Linda Minamoto  
Associate Regional Administrator  
Division of Medicaid  
Centers for Medicare and Medicaid Services  
75 Hawthorne Street, 5th Floor  
San Francisco, California 94105

Aug 5 12 04 PM '02  
DIVISION OF MEDICAID  
RECEIVED

Dear Ms. Minamoto:

Enclosed is State Plan Amendment (SPA) 02-004 which allows Arizona to cover children who reside in Arizona and receive state adoption subsidy from another state. The effective date of this SPA is October 1, 2002.

If you have any questions regarding the enclosed SPA, please contact me at (602) 417-4447.

Sincerely,

Lynn Dunton  
Assistant Director  
Office of Policy Analysis and Coordination

c: Ron Reepen  
Gaye Watkins (memo)  
File

Enclosure

State: ARIZONA

Citation(s)

Groups Covered

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

B. Optional Groups Other Than the Medically Needy  
(Continued)

X 8. A child for whom there is in effect a State adoption assistance agreement (other than under Title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

X 21  
— 20  
— 19  
— 18

In addition to a child identified in B 8, the State also covers a child who resides in Arizona and is receiving state adoption subsidy from a state other than Arizona provided:

The state is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA) as provided under 42 CFR 435.403 and

The state covers children under the Medicaid optional group listed under Section 1902(a)(10)(A)(ii)(VIII).

States that are not a member of ICAMA or do not cover children under 1902(a)(10)(A)(ii)(VIII) are listed in Attachment 2.6-A, Page 3.

SEP 20 2002

State: Arizona

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.  <u>X</u> For a child receiving state adoption subsidy from another state (Attachment 2.2A, B8), Arizona has an interstate residency agreement through the Interstate Compact on Adoption and Medical Assistance (ICAMA) with all the states except: Connecticut, Florida, Illinois, Michigan, New Mexico, New York, Pennsylvania, Tennessee, Vermont, and Wyoming.  ___ State has open agreement(s).  ___ Not applicable; no residency requirement.